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# LARYNGECTOMEE ASSOCIATION OF NSW



## General Information & First Aid

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### FIRST AID FOR LARYNGECTOMEES

#### How do I know the patient is a laryngectomee?

THIS may not be immediately obvious. Some warning signs are the presence of a neck covering of some sort — perhaps a cravat or a scarf. Many laryngectomees wear a Medic Alert bracelet or necklace to draw attention to their special needs. Once the clothing around the neck is loosened and the throat exposed, the stoma — the hole in the neck — makes it obvious the patient is in need of special care.

#### What difference in approach is needed?

IT is vital to remember that the nose and the mouth are no longer connected to the lungs, so resuscitation through the mouth or nose is not possible. Air must be passed through the stoma to reach the lungs. Once the stoma is exposed check for several possible signs.

- If all that can be seen is the hole or the stoma, resuscitation can commence — mouth to stoma.
- If there is a narrow white strap, about 5mm to 6mm wide and 1 to 1.5cm long protruding from the hole, leave it alone.

Under no circumstances should it be removed, as it is part of the internal valve between the windpipe and the oesophagus, which must remain in place to prevent food or liquid entering the lungs. Commence resuscitation with everything left in place.

- As well as the internal valve, some laryngectomees wear an external valve. It is in two parts and is easily recognisable. There will be a circular clear plastic piece with a hole in the middle glued to the skin, sitting immediately over the stoma. This is a housing and fixed into it you will normally find a circular valve made of white or clear plastic, about 3cm in diameter. This should be removed by simply grasping the body of it firmly and pulling it out of the housing. The housing can remain in place, but no harm will be done if it is removed. Commence resuscitation.
- Bear in mind that the laryngectomee uses a different method of speech. If injured, or if the voice aid has been lost, communication may be affected.

For further information refer to the LANSW website [stilltalking.org](http://stilltalking.org)

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## **What is a laryngectomy?**

A LARYNGECTOMEE is someone who, usually because of cancer, has had his or her larynx or voice box surgically removed. Cigarette smoking is acknowledged as one of the major causes of this type of cancer. Laryngectomees permanently lose the capacity for normal speech, but can use other methods to speak, as described below.

## **What are the physical changes?**

GENERALLY the physical changes are not immediately noticeable. The larynx, at the top of the trachea — or windpipe — is removed and an opening, called a stoma, is made in the front part of the neck, below the collar line. The trachea is joined to this opening. As there is no longer any connection between the lungs and the nose and mouth, the laryngectomee breathes through the stoma and coughs and sneezes through it. Eating and drinking continue orally as normal.

## **What are the changes in lifestyle?**

LARYNGECTOMEES can do most things they did before the operation. Swimming, unless using special equipment, is an exception because water cannot automatically be prevented from entering the stoma and the lungs. The sense of smell may be diminished because air does not pass through the nose. Heavy lifting and straining are difficult as breath cannot be "locked in".

## **How does the laryngectomee communicate?**

VARIOUS alternatives are available, including the use of compact hand held devices that produce a tone in the mouth (either via an oral tube or via a vibrator applied to the neck) which the laryngectomee can convert to speech using the lips, tongue, palate and teeth in the normal way. These devices, however, cannot produce variations in tone. The clarity of speech is very good and the listener will become accustomed to it quite quickly.

There are two other methods — oesophageal and tracheo-oesophageal speech.

The first involves the "swallowing" of air and using it to produce vibrations in the wall of the oesophagus and the pharynx which are converted into speech in the normal way.

The second method involves the use of a plastic valve which is inserted in a surgically created hole between the trachea and the oesophagus. The valve enables the laryngectomee to use air from the lungs to create vibrations in the oesophagus and convert them to speech. Both these methods create speech that is usually lower in pitch and, while softer, they allow tone variation and are of quite good quality.

## **How can you help a laryngectomee?**

THERE are many ways you can help. Mostly they require more than a little patience and sensitivity.

Permanent loss of one's voice is quite traumatic and the use of new methods of speech outside the immediate circle of family and friends is not easy. In the early stages the attitude and reaction of strangers can affect the person's confidence in speaking in public. Some basic guidelines are

- Give the laryngectomee time to speak. Speech may be slower than usual and more difficult to start.
- Always look at the speaker in the face. It makes it easier for both to understand with the additional benefit of some simple "lip reading".
- Never pretend to understand if you don't. Say so and ask the speaker to repeat what they said.
- If the laryngectomee uses a speech aid be patient and courteous. Don't dismiss them as some sort of crank, particularly on the telephone. Laryngectomees have only lost their voices, not their minds. If necessary ask them to repeat what they said and listen carefully. If you are in a business it would be helpful if you asked telephone reception staff to be aware of the possibility of such calls.
- Loss of the larynx has no effect on hearing, so it is not necessary to raise your voice when speaking to a laryngectomee
- And cancer is not contagious so you need not worry about having contact with a laryngectomee, any more than you would have contact with someone who has had their tonsils or appendix removed.